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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ION / 2. DIVISION **CONSOLIDATED**
(Location)

EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ION / 2. DIVISION **CONSOLIDATED**
(Location)

EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Amarillo**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Amarillo**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Amarillo**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Austin**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Beaumont**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Beaumont**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Beaumont**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **El Paso**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **El Paso**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **El Paso**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Northeast Texas**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Northeast Texas**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Northeast Texas**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Texas**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Texas**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Texas**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Arizona**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Arizona**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Arizona**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **California**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **California**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business) BASIC	ADVANTAGE	PART D	4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **California**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Maine**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Maine**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Maine**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Missouri**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Missouri**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Missouri**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **New Hampshire**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **New Hampshire**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **New Hampshire**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **South Carolina**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **South Carolina**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **South Carolina**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Virginia**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Virginia**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Virginia**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**

REPORT FOR DIVISION: **Washington**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Washington**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Arcadian Health Plan, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Washington**
(Location)

EXHIBIT II *(Filed Annually and Quarterly)*
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. **ENROLLEES AT THE END OF REPT PERIOD**	0	0	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9)	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	0	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	0	0	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	0	0	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0